REVOCATION OF POWER OF

ATTORNEY WITH

10/829,201

April 22, 2004

Daniel J. Drucker

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AND		Art Unit		1646		
		Name	Jiang, Do	Jiang, Dong		
		locket Number	et Number 50821/78.4			
I hereby revoke all previous powers of attorney given in the above-identified application:						
A Power of Attorney is submitted herewith.						
OR						
I hereby appoint the practitioners associated with the Customer Number; 32642						
Thereby appoint the practitioners associated with the customer Number.						
Please change the correspondence address for the above-identified application to:						
The address associated with	The address associated with 32642 Customer Number:					
Costolile (valide).						
OR						
Firm or Individual Name						
Address						
City		State		ZIP		
Country						
Telephone		Email				
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature Signature						
Name Daniel J. Drucker, M.D., President, 1149336 Ontario Inc.						
Date may 15 08		Telephone	1-710 20 1			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						

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